

**PERCEIVED RISK FACTORS OF HEALTH DECLINE:
A QUALITATIVE STUDY OF HOSPITALIZED PATIENTS
WITH MULTIMORBIDITY (PUBLICATION)**

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CONTEXT

Effectively preventing and managing chronic illness are key goals for health systems worldwide. A growing number of people are living longer with multiple chronic illnesses, accompanied by a high degree of treatment burden and heavy use of health care resources. However, there is a lack of cohort studies on people with multimorbidity, leaving a poor understanding of risk factors that may lead to health problems in the first place or exacerbations thereafter. There is a need to further understand why health problems arise and what predictive factors are amenable to change. Understanding the nature of risk factors into chronic illness as well as risk factors into progressive decline after illness onset can inform both chronic disease prevention and management strategies for not only patients with multimorbidity but all populations at risk.

OBJECTIVES

The purpose of this study was to explore factors that may serve as risk factors into poor health from the perspective of hospitalized patients with multimorbidity.

METHODS

Structured patient interviews were conducted at a complex continuing care and rehabilitation facility in Toronto, Ontario. The interview data were analyzed from 43 hospitalized patients with multimorbidity who indicated that something could have been done to either avoid or slow down their health decline. The study used qualitative description as the analytic method to generate themes from a specific question collected through one-on-one interviews. Two reviewers independently analyzed and thematically coded the data and reached consensus on the final themes after a series of meetings.

FINDINGS

Three themes of perceived risk factors were generated from the interviews. First, some felt that their *personal behaviors* altered the course of their illness trajectory – such as unhealthy eating, alcohol consumption smoking or drug use. Others pointed to factors at the *provider level* including poor communication with care providers, dismissal of symptoms and delayed diagnoses. Finally, factors at the *health care system level* were identified including poorly executed care transitions, lack of timely access to care and an overall lack of patient-centered care.

CONCLUSIONS

This paper focused on prevention in the context of multimorbidity. While some respondents indicated *personal behaviors* that impacted health, many pointed to factors at the *provider* and *broader health system* levels. The patient accounts suggest that the notion of prevention should evolve throughout the course of illness. A successful health system would embrace this broader notion of prevention and see the goal as forestalling not only mortality (as achieved for the most part in high socioeconomic nations) but morbidity as well. High rates of multimorbidity and health system challenges suggest that we have not yet achieved this latter aim.

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